MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11334

11333

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Robert (Last) Anderson
4. DATE OF DEATH: (Month) Dec. (Day) 9th (Year) 1954

5. SEX: male
6. COLOR OR RACE: Cal
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 4th 1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months 6 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Neat Brown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Viola Anderson Denton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: few minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis — Probably six months

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1954, to Dec 10, 1954, that I last saw the deceased alive on Dec 9, 1954, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E Paul Knotts MD ADDRESS Denton Md DATE SIGNED 12-11-54

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial
DATE THEREOF Dec. 12th 54
NAME OF CEMETERY OR CREMATORY St. Paul Church
LOCATION (City, town, or county) Near Denton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/11/54
REGISTRAR'S SIGNATURE Wm D O Gurey
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11335

11334 **CERTIFICATE OF DEATH** Reg. Dist. No. 60

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Goldsboro
LENGTH OF STAY (in this place) 59 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Goldsboro
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Lola (Middle) Virginia (Last) Bailey

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 54 19

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Seperated

8. DATE OF BIRTH: 12/15/1895

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired.) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Hemsley

14. MOTHER'S MAIDEN NAME: Ida Coursey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 221-05-2265

17. INFORMANT & ADDRESS: Bertha C. Mundy Goldsboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Carcinoma of Intestine

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1954, to Dec. 16, 1954, that I last saw the deceased alive on Dec. 16, 1954, and that death occurred at 3 P. M. from the causes and on the date stated above.

SIGNATURE Charles H. Traeger M. D. ADDRESS Greensboro Md. DATE SIGNED Dec 19 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/20/54

NAME OF CEMETERY OR CREMATORY Mission

LOCATION (City, town, or county) (State) Near Greensboro, Md.

DATE RECD BY LOCAL REGISTRAR 12/20/54

REGISTRAR'S SIGNATURE A C Smith

24. FUNERAL DIRECTOR J.E. Boulais ADDRESS Greensboro, Md.

RECEIVED
JAN 5 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11336

11335

CERTIFICATE OF DEATH

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Caroline — STATE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Ridgely. Md. — LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely. Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Blackburn (Last)

4. DATE OF DEATH (Month) December (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Feb 23rd 1891

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Blackburn

14. MOTHER'S MAIDEN NAME: Annie Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Blackburn, Ridgely

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4437

Immediate cause (a) Coronary Thrombosis — Interval between Onset And Death: Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary artery disease — 11 years

DUE TO

(c) Hypertensive cardiovascular disease — 11 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ca of the colon. - Basal cell ca of face

19a. DATE OF OPERATION: 4/6/1948

19b. MAJOR FINDINGS OF OPERATION: Ca of the colon, Ca of face removed & electrotrit

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19 ,19 43 , to 12/26 , 19 54 , that I last saw the deceased alive on 12/24 , 19 54 , and that death occurred at 2 AM , from the causes and on the date stated above.

SIGNATURE Kent Ledyard (Degree or Title) M.D. ADDRESS Easton Md. DATE SIGNED 12/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 28 '54 — NAME OF CEMETERY OR CREMATORY Greensboro Cem — LOCATION (City, town, or county) Greensboro (State) Md.

DATE REC'D BY LOCAL REGISTRAR December 29, 1954 — REGISTRAR'S SIGNATURE Mary E. Laird

24. FUNERAL DIRECTOR — ADDRESS Virgil Moore & Sons Denton

VS. A15

RECEIVED
DEC 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11337

11336

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 East Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural give location) 307 East Central Avenue

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) Francis (Last) Covey

4. DATE OF DEATH: (Month) December (Day) 23 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: January 3, 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auctioneer

10B. KIND OF BUSINESS OR INDUSTRY: Auction Sales

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley Covey

14. MOTHER'S MAIDEN NAME: Mary I. Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Cora E. Covey, Federalsburg, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 20 Min

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized Arteriosclerosis
DUE TO (C) With Cerebral Hemorrhage — Jan 31 1954

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1927, 19..., to Dec 22, 1954, that I last saw the deceased alive on Dec 22, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE W. C. Lemmon M. D. M.D. ADDRESS Federalsburg, Md. DATE SIGNED Dec. 23, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Dec. 26, 1954 — NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery — LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR December 24, 1954 — REGISTRAR'S SIGNATURE Margaret H. Frampton

24. FUNERAL DIRECTOR ADDRESS J. J. Frampton and Son, Federalsburg, Md.

RECEIVED
DEC 28 1954
BUREAU V. S.

11337

11338

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; LENGTH OF STAY (in this place) Full Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS S Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; STREET ADDRESS (If rural, give location) S. Main Street

3. NAME OF DECEASED (Type or Print): (First) Olivia (Middle) N. (Last) Covey

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 14 1897

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Federalsburg

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James S. White

14. MOTHER'S MAIDEN NAME: Kate Cohaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: A. N. Covey Federalsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170x

Immediate cause (a) Carcinoma Breast (Rt) with — Interval Between Onset and Death: 9/1/53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Metatasis. — 12/29/54

(c)

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11th, 1953, to Dec 29th, 1954, that I last saw the deceased alive on Dec 29th, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W E Lemmon M. D Federalsburg Md. Dec 31st 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 1, 1955 | NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery | LOCATION (City, town, or county) (State): Federalsburg Md.

DATE REC'D BY LOCAL REG.: December 31, 1954 | REGISTRAR'S SIGNATURE: Margaret N. Frampton | 24. FUNERAL DIRECTOR: J. Harvey Williamson | ADDRESS: Federalsburg Md.

RECEIVED
JAN 7 1955
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11339

11338 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH: Preston
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: Preston
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) L. (Last) Gallagher
4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Aug. 21, 1875
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months 4 Days 10 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Caroline County, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Gallagher
14. MOTHER'S MAIDEN NAME: Cecilia McMahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Ethel Gallagher, wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (B) DUE TO Generalized arteriosclerosis with — 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO cerebral hemorrhage — June 1954

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. , 1952, to Dec. 31, 1954, that I last saw the deceased alive on Dec. 31, 1954, and that death occurred at 3:10A M, from the causes and on the date stated above.

SIGNATURE W. E. Lennon M.D. ADDRESS M. D. Fidevalsburg Md DATE SIGNED Dec. 31st 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Jan 3 55 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR Jan 6, 1955 REGISTRAR'S SIGNATURE Cornelia W. Plummer
24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md

RECEIVED
JAN 5 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11340

11339 **CERTIFICATE OF DEATH** Reg. Dist. No. 66

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgeley. LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgeley.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Hiram (Middle) (Last) Gessford
4. DATE OF DEATH: (Month) Dec. (Day) 30th (Year) 1954

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 25. 1868.
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Gessford
14. MOTHER'S MAIDEN NAME: Leverage

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Arthur Colin Ridgeley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
Immediate cause (a) Acute Pulmonary Edema
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute Myocarditis
DUE TO
Arteriosclerotic Cardiovascular Disease

Interval Between Onset And Death: 45 min

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1954, to Dec. 30, 1954, that I last saw the deceased alive on Dec. 30, 1954, and that death occurred at 1:30 A.M., from the causes and on the date stated above.
SIGNATURE Charles H Thieme (Degree or title) M.D. ADDRESS Greensboro, Md DATE SIGNED 12-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 1st NAME OF CEMETERY OR CREMATORY Ridgeley LOCATION (City, town, or county) Ridgeley. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 1-1-1955 REGISTRAR'S SIGNATURE Mary E. Laird
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5
BUREAU V. S.

11341

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11340

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Wesley (Last) Hony

4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/8/1883
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Buyer Dept. Store
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Hony
14. MOTHER'S MAIDEN NAME: Anna Lofton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 159-10-5916
17. INFORMANT & ADDRESS: Ella Hony Ridgely, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of The Colon.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Apr. 30 1954
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954 to Dec. 25, 1954 that I last saw the deceased alive on Dec. 25, 1954, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Greensboro, Md. DATE SIGNED Dec. 27, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12/29/54
NAME OF CEMETERY OR CREMATORY: Greensboro
LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 28, 1954
REGISTRAR'S SIGNATURE: Mary E. Laird
24. FUNERAL DIRECTOR: J. E. Boulais
ADDRESS: Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11342

11341 **CERTIFICATE OF DEATH**

Reg. Dist. No. 63

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Caroline — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Preston – Rural
LENGTH OF STAY (in this place): 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Hynson

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Preston – Rural
STREET ADDRESS (If rural give location): Near Hynson

3. NAME OF DECEASED: (First) Junious (Middle) (Last) Johns
4. DATE OF DEATH: (Month) December (Day) 17 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: December 24, 1890
9. AGE last birthday: 63 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Skinner
14. MOTHER'S MAIDEN NAME: Jennie Johns
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Ruby Jenkins, Hurlock, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Chronic Cardiac Decompensation	3 yrs
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Cardiac Insufficiency	8 yrs
	DUE TO	
	(C) Lues (Syphilis)	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	None	?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 1954 to 12/17, 1954, that I last saw the deceased alive on 12/16, 1954 and that death occurred at 8:15 AM, from the causes and on the date stated above.

SIGNATURE: Cornelia B. Plummer, M. D. — ADDRESS: Preston, Md. — DATE SIGNED: 12/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Dec. 21, 1954
NAME OF CEMETERY OR CREMATORY: Johns Cemetery
LOCATION (City, town, or county) (State): Near Preston, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-21-54
REGISTRAR'S SIGNATURE: Cornelia B. Plummer
24. FUNERAL DIRECTOR — ADDRESS: J.J. Frampton and Son, Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11343

CERTIFICATE OF DEATH

11342 Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton. Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) (Last) Lawless
4. DATE OF DEATH: (Month) Dec. (Day) 9th (Year) 1954

5. SEX: male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Feb. 15. 1875
9. AGE last birthday: 79 — yrs. IF UNDER 1 YEAR Months 9. Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): New York State
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Mathew Lawless
14. MOTHER'S MAIDEN NAME: Annie Callahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Miss Bernice Lawless Denton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardiovascular Disease
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1954, to Dec. 9, 1954, that I last saw the deceased alive on Dec. 9, 1954, and that death occurred at 1:30 P., from the causes and on the date stated above.
SIGNATURE (Degree or title) Clearly H. Truesfer M.D. ADDRESS Greensboro Md DATE SIGNED Dec 11 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 13. 54 NAME OF CEMETERY OR CREMATORY St. Elizabeth Cem. LOCATION (City, town, or county) Denton. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 12/13/54 REGISTRAR'S SIGNATURE Wm D O Jurgs
24. FUNERAL DIRECTOR J. Virgil Moore & Son. ADDRESS Denton.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11344

11343 **CERTIFICATE OF DEATH** Reg. Dist. No. 61

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
LENGTH OF STAY (in this place) 8 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Florence (Last) Luff

4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 54 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 4/4/1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Melvin

14. MOTHER'S MAIDEN NAME: Mary E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Sarah E. Jacobs Greensboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute hypocondria — INTERVAL BETWEEN ONSET AND DEATH 12 hrs.

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Cardiovascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1954 to Dec. 2, 1954 that I last saw the deceased alive on Dec. 2, 1954, and that death occurred at 2:15 M. from the causes and on the date stated above

SIGNATURE Earle H. Pearson M. D. ADDRESS Greensboro, Md. DATE SIGNED 12/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12/5/54 — NAME OF CEMETERY OR CREMATORY Greensboro — LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR Dec 5-1954 — REGISTRAR'S SIGNATURE L. McCoppin — 24. FUNERAL DIRECTOR J. E. Boulais — ADDRESS Greensboro, Md.

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BUREAU V. S.

113421

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11345

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 66

1. PLACE OF DEATH: COUNTY Caroline MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely

LENGTH OF STAY (in this place) 15 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ridgely

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Viola (Last) Moore

4. DATE OF DEATH (Month) Dec (Day) 30 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Apr. 21, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE, (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Powell

14. MOTHER'S MAIDEN NAME: Mary Katharine Poe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Granville Hooper, Cambridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH Several yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Dawson C. George M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Jan 1, 1955

NAME OF CEMETERY OR CREMATORY Cambridge

LOCATION (City, town, or county) Cambridge (State) Md.

DATE REC'D BY LOCAL REG. 1-1-1955

REGISTRAR'S SIGNATURE Mary E. Laird

24. FUNERAL DIRECTOR J. Virgil Moore Wilson

ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ca[redacted] of death clearly and legibly.

VS. A15A - 5 - 53

11345 Item 8, Film C175 1-3-55 et

11346

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 63

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston
LENGTH OF STAY (in this place): 18 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 1013 Robin Road ✓

3. NAME OF DECEASED: (Type or Print) (First) Willian (Middle) Emerson (Last) Perry Jr.

4. DATE OF DEATH (Month) December (Day) 18 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 27, 1917

9. AGE last birthday: 37 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Electronic Technician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Silver Spring, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Perry

14. MOTHER'S MAIDEN NAME: Emily Faulconer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-18-1691

17. INFORMANT & ADDRESS: Mrs. Leon S. Perry, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Myocardial Infarct (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) few minutes (b) several yrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Lauson E. Georgia M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 12/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 21, 1954

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: 12-21-54

REGISTRAR'S SIGNATURE: Cornelia V. Plummer

24. FUNERAL DIRECTOR: Garner F. Pumphrey, Silver Spring, Md.

ADDRESS:

11346 MARYLAND STATE DEPARTMENT OF HEALTH 11347

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goldsboro | LENGTH OF STAY (In this place) 74 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goldsboro
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Herman (Middle) (Last) Savage
4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write this word): Widowed
8. DATE OF BIRTH: 7/14/1880
9. AGE last birthday: 74 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Louis Savage
14. MOTHER'S MAIDEN NAME: Jennie Downes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: James Foreman Goldsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis Chronic — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
Hanson D. George M.D. Deputy Medical Examiner — 12/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/30/54 | NAME OF CEMETERY, OR CREMATORY Roseville | LOCATION (City, town, or county) (State) Near Ridgely, Md.

DATE REC'D BY LOCAL REG. 12/30/54 | REGISTRAR'S SIGNATURE A. Clark Smith | 24. FUNERAL DIRECTOR. ADDRESS J. E. Boulden Greensboro, Md.

VS. A15A

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JAN
BUREAU V. S.

11347 7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11348

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; LENGTH OF STAY (in this place) Full Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; STREET ADDRESS (If rural, give location) Morris Ave

3. NAME OF DECEASED (Type or Print): (First) H. (Middle) Fred (Last) Scott

4. DATE OF DEATH: (Month) Dec. (Day) 28th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 1, 1874

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Scott

14. MOTHER'S MAIDEN NAME: Maggie Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 212-16-7086

17. INFORMANT AND ADDRESS: Oswell L. Scott Federalsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardites with failure 3 years — Interval between onset and death: 1939

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — Interval between onset and death: 1939

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1939, 19..., to Dec 28, 1954, that I last saw the deceased alive on Dec 28, 1954, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE: W. E. Lemmon (Degree or title) M.D ADDRESS: Federalsburg Md DATE SIGNED: 12-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Dec. 31, 1954 NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery LOCATION (City, town, or county) (State): Federalsburg Md

DATE REC'D BY LOCAL REG.: December 31, 1954 REGISTRAR'S SIGNATURE: Margaret H. Frampton

24. FUNERAL DIRECTOR: J. Harvey Williamson ADDRESS: Federalsburg Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12[illegible]

11343
~~11342~~

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Caroline MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rural; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rural; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) First REBECCA (Middle) (Last) THOMAS

4. DATE OF DEATH: (Month) DEC (Day) 31 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Dec. 5, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Anderson

14. MOTHER'S MAIDEN NAME: Rachel [unknown]

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mabel Dixon, Denton, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) acute Coronary occlusion	10 Min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Coronary Insufficiency	6 months
	DUE TO (c) Hypertension	10 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1925, to Dec 31, 1954, that I last saw the deceased alive on Dec 17, 1954, and that death occurred at 5 AM, from the causes and on the date stated above.

SIGNATURE E. Paul Knotts (Degree or title) M D ADDRESS Denton Md DATE SIGNED 1/3/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 4, 1955 NAME OF CEMETERY OR CREMATORY St. Pauls LOCATION (City, town or county) St. Paul Church Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1/4/55 REGISTRAR'S SIGNATURE Wm D O George

24. FUNERAL DIRECTOR J. Virgil Thom ADDRESS Denton, Md.

VS. A15

11349

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11349

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
LENGTH OF STAY (in this place): 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: N. Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: same — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: same
STREET ADDRESS (If rural, give location): same

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) J. (Last) Tucker

4. DATE OF DEATH: (Month) Dec. (Day) 12, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 18, 1873

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired salesman

10b. KIND OF BUSINESS OR INDUSTRY: tobacco business

11. BIRTHPLACE (State or foreign country): Church Hill, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr. John T. Tucker

14. MOTHER'S MAIDEN NAME: Caroline Spedden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: yes

17. INFORMANT AND ADDRESS: Mrs. Bessie Tucker Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 10 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Fibroid Tuberculosis — 30 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1954, to 12/12, 1954, that I last saw the deceased alive on 12/12, 1954, and that death occurred at 8 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank M. Anderson M.D. Federalsburg, Md. 12/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Dec. 15, 1954 — NAME OF CEMETERY OR CREMATORY: Hillcrest Cem. — LOCATION (City, town, or county) (State): Federalsburg, Md.

DATE REC'D BY LOCAL REG.: December 15, 1954

REGISTRAR'S SIGNATURE: Margaret H. Frampton

24. FUNERAL DIRECTOR: Harvey Williams — ADDRESS: Federalsburg, Md.

RECEIVED
DEC 29 1954
BUREAU V. S.

11350

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11350

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) Bushey	(Last) Wright, Sr.	4. DATE OF DEATH	(Month) 12 (Day) 29 (Year) 54 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH July 23, 1886	9. AGE last birthday 68 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Canner	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Walter M. Wright	14. MOTHER'S MAIDEN NAME Jennie Pritchett				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS H. B. Wright, Jr.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Acute Coronary Occlusion	5 minutes
Antecedent cause(s)	(b) Coronary Sclerosis	15 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized arteriosclerosis	20 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Colonic Diverticulitis c̄ Colostomy	10 yrs

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1949, to 12/29, 1954, that I last saw the deceased alive on 12/29, 1954, and that death occurred at 910 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harold B. Plummer	M.D.	Preston Md	12/30/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12/31/54	NAME OF CEMETERY OR CREMATORY Betheseda	LOCATION (City, town, or county) Preston (State) Maryland
DATE REC'D BY LOCAL REG. 12-30-54	REGISTRAR'S SIGNATURE Cornelia W. Plummer	24. FUNERAL DIRECTOR Harry M. Hollis & Son	ADDRESS Preston, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1955
BUREAU V. S.